

<b>Case Number:</b>	CM13-0051923		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 47 year-old male Security Guard sustained a low back lifting injury on December 7, 2011 while employed by [REDACTED]. Requests under consideration include 12 additional physical therapy sessions for the lumbar, three (3) times per week for four (4) weeks and 12 additional acupuncture treatments for the lumbar, two (2) times per week for six (6) weeks. Review indicates the patient has completed 10 physical therapy (PT) visits from October 2012 to February 2013 and at least 7 acupuncture visits from March to April 2013 and 11 chiropractic sessions. Hand-written illegible report dated September 19, 2013 from [REDACTED] noted the patient still with low back pain; acupuncture and PT helped; overall the patient reports some reduction in low back pain. Brief exam noted blood pressure of 185/108, heart rate 99; given medication just a week ago; 400+ pounds. Past diagnoses have included lumbar sprain/strain with bilateral lower extremity radiculopathy and morbid obesity. Work status remained temporary total disability (TTD). Request for Lindora weight loss program was denied on multiple occasions. Report of April 26, 2012 from [REDACTED] noted constant moderate low back pain radiating to bilateral lower extremities, but denies numbness and tingling. Exam of the lumbar spine showed limited range in all planes, tenderness to palpation about the paravertebral muscles; spasm; straight leg raise (SLR) positive bilaterally; deep tendon reflexes (DTR) 2+ symmetrical; intact and normal bilateral sensation; normal motor power and symmetrical in all major muscle groups of the lower extremities. Diagnoses as above with recommendation for chiropractic care, medications, and modified duty without change in restrictions. Above additional PT and acupuncture requests were non-certified on October 2, 2013 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**12 additional physical therapy sessions for the lumbar, three (3) times per week for four (4) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section Page(s): 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased range of motion (ROM), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status has actually changed from modified duty to TTD status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received at least 10 therapy sessions per reports by physical therapist and clinic notes without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. Therefore the request for 12 additional physical therapy sessions for the lumbar, three (3) times per week for four (4) weeks is not medically necessary and appropriate.

**12 additional acupuncture treatments for the lumbar, two (2) times per week for six (6) weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** According to the California MTUS Acupuncture Guidelines recommend initial trial of conjunctive acupuncture visit of 3 to 6 treatment with further consideration upon evidence of objective functional improvement. The patient has received at least 7 sessions for this 2011 injury without indication of what functional benefit was derived from the treatment. Submitted reports have not demonstrated functional improvement or medical indication to support for additional acupuncture sessions. There are no specific objective changes in clinical findings, no report of acute flare-up or new injuries, nor is there any decrease in medication usage from conservative treatments already rendered. Therefore the request for 12 additional

acupuncture treatments for the lumbar, two (2) times per week for six (6) weeks is not medically necessary and appropriate.